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RESEARCH

BURNOUT AND RELEVANT FACTORS IN NURSING STAFF: WHAT AFFECTS THE STAFF WORKING IN AN ELDERLY NURSING HOME?

ABSTRACT

Introduction: People directly engaged in elderly care can suffer from stress, burnout and related disorders. The aim of this study was to examine the burnout levels of the nursing staff working in an elderly nursing home and its relationship with their self-efficacy, coping strategies and general well-being.

Materials and Method: A cross-sectional correlation study was carried out by means of the Individual Information Form, the Maslach Burnout Inventory, the Self-Efficacy Scale, the General Health Questionnaire and the Ways of Coping Questionnaire. Hierarchical regression analysis was also conducted to identify the predictors of dimensions of burnout. The relationship between the variables was examined by Pearson correlation coefficient using SPSS 11.0 statistics program.

Results: Mean burnout scores of the participants were 0.78 ± 0.66 (Min 0, Max 3.2) for emotional exhaustion, 0.39 ± 0.51 (Min 0, Max 2.2) for depersonalization and 2.99 ± 0.69 (Min 0, Max 4.0) for personal accomplishment.

Conclusion: The results showed that coping strategies and self-efficacy are related to the burnout levels of the caregivers in elderly nursing homes. For better and healthy long term care of the elderly, caregivers have to be given professional and psychological support.

Key Words: Burnout, Professional; Caregivers; Aged; Self Efficacy.



ARAŞTIRMA

YAŞLILARA BAKIM VERENLERDE TÜKENMİŞLİK VE İLGİLİ FAKTÖRLER: YAŞLI BAKIMEVLERİNDE ÇALIŞANLARI NELER ETKİLER?

Öz

Giriş: Yaşlıların bakımı ile doğrudan ilgilenen kişiler stres, tükenmişlik ve ilgili sorunlar yaşarlar. Bu çalışmanın amacı bir yaşlı bakımevinde çalışan kişilerin tükenmişlik düzeyleri ile öz yeterlik, başetme ve genel iyi olma durumlarıyla ilişkisini araştırmaktır.

Gereç ve Yöntem: Birey Bilgi Formu, Maslach Tükenmişlik Ölçeği, Özyeterlik Ölçeği, Genel Sağlık Anketi ve Baş Etme Yolları Ölçeği kullanılarak bir kesitsel korelasyon çalışması yapılmıştır. Değişkenler arasındaki ilişki SPSS 11.0 istatistik programı kullanılarak Pearson korelasyon analizi ile değerlendirilmiştir.

Bulgular: Katılımcıların Maslach Tükenmişlik Ölçeği ortalama puanları ölçeğin duygusal tükenmişlik boyutu için 0.78 ± 0.66 (min 0, maks 3.2), duyarsızlaşma için 0.39 ± 0.51 (alt değer=0, üst değer=2.2), kişisel başarı için 2.99 ± 0.69 (alt değer=0, üst değer=4.0) idi.

Sonuç: Sonuçlar yaşlı bakımevinde bakımverenlerin baş etme stratejileri ve öz yeterlikleri ile tükenmişlikleri ilişkili olduğunu göstermektedir. Yaşlıların daha iyi ve sağlıklı uzun dönem bakımları için bakımverenlere profesyonel ve psikolojik destek verilmelidir.

Anahtar Sözcükler: Tükenmişlik; Bakımveren; Baş Etme Yolları; Yaşlı, Özyeterlik.



INTRODUCTION

Recent advances in technology, changes in lifestyle and improvement in health services resulted in increase of life expectancy and survival. Therefore, the percentage of the elderly in the society has also increased. The world population is still aging; the number of people above the age of 60 was over 600 million in 2000 and it is anticipated to reach 2 billion by the year 2050 (1). Several factors such as changes in the family structure, economical conditions, and women working outside the house all contribute to the decrease in the amount of care available for the elderly in a home environment. Accordingly, the demand for elderly care provided at a nursing home is highlighted. Living in a nursing home is also related to the cultural values; nevertheless, as the population ages, the need to have highest possible quality care available becomes more evident. With meeting long-term care needs of the elderly, nursing homes will get more attention in the future and it seems that these places will have an indispensable role in the delivery of such services.

As the proportion of older people increases, there are growing numbers of older people in need of health care. The physical, social and psychological needs of an individual can be met by a caregiver at this stage of life. The caregiver's role is undertaken by nursing staff in elderly nursing homes, and for this reason, nursing for elderly people may bring different problems from those experienced by nursing for other age groups and chronic disease patients. It was reported that people directly engaged in elderly care suffer from stress, burnout and related disorders (2). Previous researches have shown that being involved in elderly care for an extended period of time and close contact resulted in stress and burnout. Cocco et al. stated that the increased probability of elders having several physical problems, as well as multiple morbidities and cognitive impairments, may contribute to the depersonalization dimension of burnout of care giving staff (3,4).

Personal feelings of lack of accomplishment and efficacy are a result of burnout and feelings of psychological deprivation. This phenomenon might be easily witnessed in professionals who have face-to-face contact with people. However, the concept of burnout is different from fatigue, exhaustion or professional dissatisfaction. Maslach described three different types of burnout as: inadequacy in committing oneself to one's job psychologically (emotional burnout), having negative feelings and cynical attitude towards people who get the service (depersonalization) and the evaluation of oneself and one's profession in a negative manner (lack of personal accomplishment)(5).

During recent years, several researchers elaborated the burnout levels of caregivers and the relevant factors. Jerkins and Allen conducted a study in two different nursing homes with 21 members of the working staff by using General Health Questionnaire (GHQ) and examined burnout and staff's interactions with the residents of these nursing homes. The

mean scores for depersonalization subscales were low, while for the other subscales the scores were reported as average. The findings of the study demonstrated that caregivers of the elderly participating in this survey had experienced low-degree burnout (3).

Evers et al. examined the relationship among aggressive behavior, weekly working hours and the burnout level of 551 members of the working staff of nursing homes (6). Levels of physical and psychological aggressiveness and weekly working hours were found to be associated with the staff's emotional burnouts. In other words, as the emotional burnout of the staff intensified, physical and psychological aggressiveness also increased. Moreover, psychological aggressiveness was found to correlate significantly with depersonalization.

Coping strategies are personal variables included in the current study. Lazarus defined coping as an appraisal process that helps to manage the discrepancy between personal resources and demands of situation (7). Narumoto et al. examined the relationship between coping strategies, neuroticism and general well-being in 72 professional caregivers working at nursing homes. GHQ and emotion-focused coping were reported to be significantly related to the emotional burnout (8).

Self efficacy is another variable included in the present study. According to Bandura, self efficacy has a significant impact on psychological functioning by determining how well people cope with stress. People who have high coping self efficacy choose the appropriate coping strategy and they experience less psychological distress (9).

The concept of burnout has recently been examined more often in the care giving staff working with individuals with physical illnesses; however, there are few studies investigating burnout levels of those offering care to the elderly (4). Although the choice of placing an elderly person to a nursing home is related to cultural factors, it is still important to meet this need with the best care services possible, as necessitated by the increasingly aging population. Professional background of the caregivers and their general well-being will have direct impact on the status of the elderly.

To our knowledge, no study to date has determined the level of burnout and its predictors, including self-efficacy and ways of coping in caregivers of elderly in Turkey. The objectives of our study were to assess the burnout levels of the members of nursing staff and the predictors.

MATERIALS AND METHOD

Setting and Sample

This was a cross-sectional study, and the data were collected in a public elderly nursing home in Izmir. This nursing home has a capacity of 1100 people, capable or incapable of self-care. There were 120 members of nursing staff employed in the nursing home who were directly engaged in elderly care, and they attended in-service education programs on a regular basis. The nursing staff consisted of registered nurses (including



males) and other care giving staff for the elderly. All members the care giving staff were certified for the job, paid by the government or by the elderly privately. Among the nursing staff, 106 participated in the current study (see Table 1), as a result of exclusion of 14 members of staff because of annual or health leaves, or other reasons.

Instruments

Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory was developed by Maslach and Jackson (1981). The reliability and validity of its Turkish version was examined by Ergin (1992) (10). The inventory consists of 22 questions and three subscales. Each item is rated on a 5-point scale ranging from 0 (never) to 4 (every day). Scores are individually calculated for the subscales of Emotional Exhaustion (EE), Depersonalization (D) and Personal Accomplishment (PA). For individuals experiencing burnout, EE and D subscales are expected to be high, while PA is low. For this study, Cronbach alpha coefficients were 0.81 for EE, 0.61 for D and 0.76 for PA.

General Health Questionnaire (GHQ12)

The General Health Questionnaire (GHQ) was developed by

Goldberg & Williams to measure the anxiety and depression levels of individuals without psychiatric illnesses. The Turkish adaptation of the questionnaire was conducted by Kilic (1996) (11). Short form GHQ consists of 12 questions with four choices. Higher scores in GHQ indicate having more psychological problems. The Cronbach alpha coefficient was found as 0.68 for the present study.

Self-Efficacy Scale

The Self-Efficacy Scale was developed by Sherer et al. (1982). The validity and the reliability of the Turkish version of the Self-Efficacy Scale were evaluated by Gozum and Aksayan (1999) (12). With 12 items, it evaluates the general perception of self-efficacy rather than domain specific self-efficacy. It has four subscales, namely initiating an action, continuing an action, completing an action and dealing with obstacles. Higher total score points to high general perception of self-efficacy. The Cronbach alpha coefficient was found as 0.83 for the current study sample.

Ways of Coping Questionnaire (WCQ)

The WCQ was developed by Folkman and Lazarus (1985) (13). The psychometric properties of the Turkish version of the WCQ with 66 questions were examined and proved as satisfactory by Siva. Later, Karanci et al. (1999) revised the questionnaire and reduced the number of items to 42 (14). The Cronbach alpha coefficients were calculated as 0.79, 0.67, 0.71, and 0.65 respectively in this study.

Procedure

The study was approved by the Ethics Committee of the School of Medicine of the University of Dokuz Eylul. The study was also approved by the institution. Before data collection, the purpose of the study was explained and each member of the nursing staff signed a consent form. The instrument including the Maslach Burnout Inventory, the General Health Questionnaire and the Ways of Coping Questionnaire were administered in April 2008 and were completed by 106 members (88.3%) of the care giving staff.

Statistical Analyses

Analyses of the data were conducted with SPSS 11.0. The relationships among the variables were examined by the Pearson Product Momentum Correlation Coefficient. After analyzing the reliability values for all the scales, three separate hierarchical regression analyses were performed for the Emotional Exhaustion, Depersonalization and Personal Accomplishment dimensions of the Maslach Burnout Inventory.

RESULTS

Socio-demographic and professional characteristics of the participants are presented in Table 1.

Of the participants, 85.8% were women, while mean age of the entire sample was 31.42 ± 8.69 . Majority of the staff we-

Table 1— Socio-demographic Characteristics of the Caregivers of Elderly (n=106)

Variable	n (%)	Mean	sd
Gender			
Male	15 (14.2)		
Female	91 (85.8)		
Age (year)		31.42	8.69
Marriage status			
Single	34 (32.1)		
Married	61 (57.5)		
Divorced/Widowed	11 (10.4)		
Profession			
Nurses	31 (29.2)		
Care giving staff for elderly	49 (46.2)		
Care giving staff for special needs	26 (24.5)		
Level of education			
Primary school	21 (19.8)		
Middle/High school	37 (34.9)		
Vocational school	24 (22.6)		
University	24 (22.6)		
Education (year)		10.26	2.75
Economic status			
<500 TL	8 (7.5)		
500-999 TL	63 (59.4)		
1000-1499 TL	27 (25.5)		
>1500 TL	8 (7.5)		



re married women who were middle school/high school graduates. The sample reported to provide care for the elderly for more than 8 hours a day. The working years that the participants spent on that job ranged from 1 to 13 years, with a mean span of 3.32 ± 2.53 years. 83% of the participants had been specifically trained for their job (Table 2).

Mean MBI scores of the participants were 0.78 ± 0.66 for emotional exhaustion, 0.39 ± 0.51 for depersonalization and 2.99 ± 0.69 for personal accomplishment. For the Self-Efficacy Scale, general self-efficacy score was 95.45 ± 12.83 and for GHQ, the score was 0.73 ± 1.33 . For ways of coping, the scores were calculated as 28.83 ± 4.54 for fatalistic coping, 23.25 ± 2.30 for optimistic/support social seeking coping, 24.64 ± 2.37 for problem solving coping and 10.23 ± 2.15 for helplessness coping.

Following the examination of the correlations among the subscales of the MBI, it could be stated that there was a significant and positive correlation between emotional exhaustion and depersonalization dimensions ($r=0.56$, $p<0.01$); but there was no significant correlation between personal accomplishment and emotional exhaustion.

Of the burnout dimensions, emotional exhaustion positively correlated with the GHQ ($r=.27$, $p<0.01$), fatalistic coping ($r=0.21$, $p<0.05$), and helplessness coping ($r=0.36$, $p<0.01$), while it negatively correlated with self-efficacy ($r=-0.35$, $p<0.01$), optimistic/seeking social support coping ($r=-0.23$, $p<0.05$) subscales of the Ways of Coping Questionnaire.

Depersonalization dimension of burnout positively correlated with the GHQ ($r=0.31$, $p<0.01$) and helplessness coping ($r=0.28$, $p<0.01$); whereas depersonalization negatively correlated with seeking social support coping ($r=-0.22$, $p<0.05$) and problem solving coping dimensions ($r=-0.20$, $p<0.05$) of coping strategies.

Personal accomplishment was significantly related to the self-efficacy ($r=0.21$, $p<0.05$), fatalistic coping ($r=0.27$,

$p<0.01$), optimistic/social support seeking ($r=0.54$, $p<0.01$) and problem solving coping ($r=0.48$, $p<0.01$) dimensions of the coping strategies (Table 3).

The Predictors of Burnout Dimensions

Three separate hierarchical regression analyses were conducted to identify the predictors of each dimension of burnout. Same independent variables were entered in two blocks with enter method in all regression analyses. In the first block, age, gender and general health scores were entered as control variables. In the second block, resources of the individual, namely self-efficacy and coping strategies (i.e., four dimensions of the scale) were entered into the model to identify their effects on burnout (Table 4).

As can be seen in the last step of regression analysis given in the Table 4, emotional exhaustion was negatively associated with age, self-efficacy and optimistic/seeking social support coping, whereas emotional exhaustion was positively related to the gender (i.e., being female) and helplessness coping. In other words, individuals who are older, who have higher self-efficacy perception and who employ optimistic/seeking social support coping strategies experience less emotional exhaustion. On the other hand, if the caregiver is a woman and is using helplessness coping strategy, she might experience more emotional exhaustion.

According to the results of the regression analysis for emotional exhaustion, depersonalization was found to be positively related with gender (being female) and the GHQ. In other words, female caregivers of elderly homes with high GHQ scores seem to experience more depersonalization.

The results of the regression analysis for the emotional exhaustion demonstrated that age and social support seeking coping are positively related to personal accomplishment. That is, older caregivers of elderly homes who employ optimistic/seeking social support coping strategies seem to have higher levels of personal accomplishment.

Table 2— Characteristics of the Caregivers of Elderly Related to Their Job (n=106)

	n (%)	Mean	sd
Length of employment (year)		3.32	2.53
Daily working period			
<8 hour	11 (10.4)		
8 hour	12 (11.3)		
>8 hour	83 (78.3)		
Have a training specified to the job			
Yes	88 (83.0)		
No	18 (17.0)		
Believe in the need of a training specified to the job			
Yes	89 (84.0)		
No	17 (16.0)		

DISCUSSION

The findings in the present study showed that burnout of the caregivers working at the elderly nursing homes is associated with the general well-being, self-efficacy and preferred methods of coping with stress. Nursing staff of elderly nursing homes that constituted the sample group of the current study had low scores for emotional exhaustion and depersonalization dimensions of burnout, while they were found to have high scores for personal accomplishment. Contrary to the literature, burnout levels of the staff covered in the sample were found to be low (3,4,6,8). This finding may relate to the fact that the participants of this study were younger and more educated in comparison with the participants in previous studies. As the education level of the participants increases, their ability to choose better ways to cope seem to improve.



Table 3— Correlation Analysis of the Variables (n=106)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1 Age	-													
2 Gender (male=1, female=2)	0.24*	-												
3 Education (year)	-0.57**	-0.13*	-											
4 Daily working period	-0.23*	-0.08	0.41**	-										
5 Length of employment (year)	0.11	0.29**	0.12	0.15	-									
6 Self-efficacy scale	-0.30**	-0.17	0.26**	0.25*	0.04	-								
7 GHQ MBI	-0.06	-0.04	0.01	0.10	-0.13	-0.14	-							
8 Emotional Exhaustion	-0.03	0.21*	0.20*	-0.04	0.00	-0.35**	0.27**	-						
9 Depersonalization	-0.03	0.26**	0.11	0.01	0.04	-0.18	0.31**	0.56**	-					
10 Personal Accomplishment WCQ	0.11	0.00	-0.16	-0.16	0.09	0.21*	-0.19	-0.10	-0.15	-				
11 Fatalistic coping	0.18	-0.00	-0.13	-0.14	0.12	-0.30**	0.06	0.21*	0.03	0.27**	-			
12 Optimistic/seeking social support	-0.14	-0.09	-0.03	-0.13	-0.03	0.26**	-0.33**	-0.23*	-0.22*	0.54**	0.28**	-		
13 Problem solving	-0.06	-0.09	0.07	-0.06	0.16	0.35**	-0.40**	-0.16	-0.20*	0.48**	0.26**	0.66**	-	
14 Helplessness	0.21*	0.03	-0.09	-0.01	-0.05	-0.32**	0.25**	0.36**	0.28**	0.08	0.59*	0.01	-0.02	-

*p<.05

**p<.01

Table 4— Hierarchic Regression Analysis for MBI (n=106)

Steps	Final Model	(A) Emotional exhaustion		(B) Depersonalization		(C) Personal accomplishment	
		β	t	β	t	β	t
1	Age	-0.24	-2.60*	-0.17	-1.75	0.19	2.19*
	Gender (male=1, female=2)	0.21	2.42*	0.28	3.08**	0.03	0.37
	GHQ	0.14	1.38	0.21	2.09*	0.03	0.36
	F change	4.86		7.46		1.64	
	R2 (%)	13		18		5	
2	Self-efficacy	-0.25	-2.45	-0.09	-0.79	0.16	1.57
	Fatalistic coping	0.05	0.46	-0.14	-1.14	0.12	1.01
	Optimistic/seeking social support	-0.25	2.15*	-0.13	-1.08	0.41	3.63***
	Problem solving	0.15	1.18*	0.06	0.47**	0.16	1.31
	Helplessness	0.26	2.35*	0.31	2.75	0.02	0.14
	F change	5.47		2.18		10.08	
	Total R2 (%)	32		26		37	

*p<.05, **p<.01, ***p<.001

The nursing staff participating in our study stated that they believed in the necessity of professional education in the field and they reported that they have received similar trainings. This situation might be one of the factors that contributed to increase of their self-efficacy. Joy et al and Josefsso et al emphasized the importance of the training of the nursing

staff working in this field and its impact on the efficacy (15,16). Zeiss et al.'s (1999) study revealed that high self-efficacy scores for nursing staff are associated with low burnout and low depressive emotional states (17). In our study, mean GHQ scores of the nursing staff did not indicate any risk of psychiatric disease. However, twelve participants had scores



over two, revealing those who experienced psychological problems. As was the case with the studies by Jerkins and Allen and Cocco et al., our study also showed higher MBI emotional exhaustion level of the participants with higher GHQ scores (3,4). Accordingly, it can be inferred that since the nursing staff provide long-term care, they may experience different problems within this time frame. It will therefore be beneficial for these individuals to have psychological support. Both qualitative and quantitative studies demonstrated the need for such support for individuals engaged in these tasks for long periods (18-21).

The nursing staff and the working environment have complex interactions. This condition also influences the stress and relevant coping strategies of the individual. When an individual is confronted with stress, his/her ways of dealing with stress is determined, following a complex interaction period between cognition, emotions and behavior. Using adaptive coping strategies (e.g., increasing problem solving skills or employing problem-focused strategies) are known to play a role in decreasing the susceptibility for psychopathology. Behaviors, on the other hand, can make the situation more problematic and complicated. If the efforts are not adequate in these instances, the wellbeing of the individual can deteriorate. In our study, members of the nursing staff were observed to employ optimistic/social support seeking and problem-focused coping strategies more often than fatalistic and helplessness coping strategies. Observing low levels of burnout might have resulted due to employing optimistic/social support seeking and problem-focused coping strategies.

Of the burnout dimensions, emotional exhaustion refers to the emotions of being burdened or exhausted owing to the job one performs. As members of the nursing staff get more mature and as their self-efficacy increase, they experience less emotional exhaustion. The perception of self-efficacy is described as believing to have the competence to perform required actions adequately to achieve desired results. A decrease in self-efficacy can result in an increase in burnout. Consequently, efforts taken to increase the self-efficacy of the workers will be helpful in decreasing their burnout levels.

Another variable that predicts emotional exhaustion is optimistic/social support seeking coping. Using this approach more often is found to be a factor in decreasing burnout (8). Addressing problems from a more positive point of view, this way of coping means cultivating a more optimistic attitude and being supportive to others in solving problems. Furthermore, this strategy brings about a lesser burnout level for caregivers. Offering psychological training on means of using these coping strategies more often may be helpful in decreasing the nursing staff's burnout levels.

Another finding of the current study is that gender and helplessness coping strategies are predictors of emotional exhaustion. In other words, female nursing staff and staff who employ helplessness coping skills often experience more emotional exhaustion. Since the number of male participants in

this study group was quite small, it is not possible to discuss or generalize gender-related findings. However, using emotion-oriented coping strategies, rather than focusing on the problem, can create psychological problems for the individual (8). The findings of this study may be summarized as follows: concentrating on emotions rather than solutions to the problems may not be an adaptive mechanism and may increase emotional exhaustion.

Depersonalization is another dimension of burnout which is defined as the individual treating his/her patients in a manner devoid of emotions, and is found to be associated with the GHQ scores. This might be directly related to the caregiver as well as being supported either consciously or unconsciously by the recipient of the care. Different requests and expectations, health and social problems of the elderly, as well as their "continuous care needs" may also raise problems for the nursing staff. However, any failure in delivery of care for the elderly, possibly because of depersonalized nursing staff, is not acceptable. Studies have shown that burnout decreases both job satisfaction and the quality of the care available to these patients (2,22,23). This situation points to the relationship between depersonalization and psychological problems and brings to our attention the fact that preventive measures should be in place, preventing from burnout. Based on the results of current performed analyses, being female, GHQ and problem solving coping strategies are found to be connected with depersonalization. These findings may also be explained in line with feminist view or may contradict it. Most of the nursing staff for the elderly are female; which may be the reason why they are confronted with depersonalization more often, as a gender role, as they also have responsibilities as mothers and/or wives, and may have children in addition to pursuing a career in professional care. However, we cannot generalize these results, because we only had a limited number of male nursing staff in our sample. In order for this issue to be clarified, further studies need to be conducted.

Being older and employing optimistic/seeking social support coping strategies were found to correlate with the "personal accomplishment" dimension of burnout. Self-efficacy increasing with age might have resulted in having a higher perception of personal accomplishment. Employing optimistic/seeking social support coping strategies in the solution of problems might have given rise to the perception of oneself as more successful due to having a more optimistic point of view.

The results of the analyses also indicated that coping strategies and self-efficacy are related to the burnout levels of the nursing staff of elderly nursing homes. In service sectors, where there are direct care of individuals and where the human factor is very influential in the quality of the service, it is necessary to identify the burnout and implement effective coping strategies for the sake of quality of the care given, as well as the health and the economy of the individual and the society. Members of the nursing staff need to be aware of the signs of burnout and need to be emotionally supported to seek so-



lutions. Having support to increase their self-efficacy and to be trained on coping strategies will both decrease the burnout levels and will increase the quality of the care they deliver. As was the case with other studies, this study once again shows the need to obtain required training to increase feelings of self-efficacy in this very special area of work (2,16,24).

Although the findings of the present study contribute to existing literature, the study has several limitations. Having limited number of male participants in our sample arises the problem of generalization. Thus, the study needs to be replicated with samples including more males. The cross-sectional nature of this study should be taken into consideration during evaluation of the present findings. Longitudinal studies are definitely needed in the future to investigate a cause and effect relationship between burnout levels of the nursing staff and their ways of coping with their self-efficacy. In addition, the present sample was composed of both nurses and care giving staff for the elderly. However, more homogenous samples, such as registered nurses only, might lead to more appropriate implications. Thus, this point should also be considered in future studies.

Burnout levels of the caregivers working in elderly nursing home are affected by their ways of coping and self-efficacy levels. Assessment of burnout levels and implementation of effective coping strategies and improving self-efficacy is crucial for the quality of care given to the elderly. For better and healthy long term care of the elderly, caregivers have to be given professional and psychological support.

Conflict of Interest

None

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